

# Consumer Research Findings

## Summary Report on the Dual-Eligible Medicare/Medicaid Population

### Executive Summary

#### Background

As part of its long-term strategic plan, the Health Care Financing Administration (HCFA) has undertaken an Agency-wide initiative to adapt its operations to improve communications with Medicare beneficiaries and with its provider partners. Helping beneficiaries to understand their choices among health care plans, providers, and treatment options and the implications of those choices on cost, quality, access and outcomes is especially important now that the Balanced Budget Act of 1997 (BBA) has expanded the health plan options available to beneficiaries. The full range of choices envisioned under BBA is not currently available in the market but an increasing number of beneficiaries will face a much more complex set of choices in the coming years. Medicare beneficiaries not only need to understand the various features of these different options in order to choose the design that best meets their needs, they also need basic knowledge about many aspects of the Medicare program.

#### Research Purpose and Methods

The Market Research for Beneficiaries project was designed to provide HCFA with answers to the two fundamental questions that underlie effective communication:

- What information do beneficiaries want or need from HCFA?
- What are the best ways to communicate that information to them?

The Market Research for Beneficiaries project collected data from three sources to answer the questions:

Each of the three data sources has particular strengths. Together, they can provide HCFA with a broad, deep, and representative understanding of communication with beneficiaries. The survey of Medicare beneficiaries helps ensure that the information gathered is representative of Medicare beneficiaries,<sup>1</sup> while the focus groups and inventory of organizations contribute more in-depth information than can be obtained from a large-scale survey. A description of methodologies for each of the data collection tools is contained in a separate appendix.<sup>2</sup>

As part of HCFA's commitment to adapt its operations and communication strategies to better serve all Medicare beneficiaries, the Agency identified a diverse set of beneficiary subgroups that it believes may have special information needs regarding the Medicare program or that may require innovative communication approaches to effectively convey information to the subgroup. This report synthesizes key findings from the three data sources for one of the identified "hard to reach" beneficiary subgroups – elderly beneficiaries who are eligible for both Medicare and Medicaid coverage ("dually-eligible beneficiaries"). The report compares the

subgroup's information needs and best communication strategies with those of the general elderly Medicare population. Additional summary reports examine the information needs and best communication strategies for African American beneficiaries, Hispanic beneficiaries, beneficiaries who live in rural areas, beneficiaries with low education or literacy levels, and vision- and hearing-impaired beneficiaries.

## Key Findings and Implications for HCFA

### Key Findings

- As would be expected, dually-eligible beneficiaries have much lower income levels than the general Medicare population. These beneficiaries in the aggregate are also less educated and much more likely to be part of a minority group, to live alone, to live in rural areas, and to be less healthy than the general Medicare population.
- Some of the most pressing information needs of dual eligibles include:
  - Basic information about the Medicare program,
  - How Medicaid and Medicare work together,
  - Benefits coverage and payment for health services,
  - Staying healthy, and
  - Medicare HMOs.
- For general Medicare-related information, dual eligibles generally prefer to obtain it from the same sources as the general Medicare population: media (TV, newspapers, radio, magazines), Medicare sources (Medicare carriers, local Medicare offices, and toll-free Medicare numbers), doctors, and family and friends. However, the dual-eligible population appears to rely more heavily on Medicare sources, health care providers, and family and friends, and less on insurance companies and senior citizen groups compared with the general Medicare population.
- For health-related information, dual eligibles generally prefer to get information from Medicare, their doctor or provider, friends and family, and community organizations. Although dual eligibles were most likely to consult doctors for advice on staying healthy, they relied slightly more heavily on family and friends for this information compared with the general Medicare population.
- Like Medicare beneficiaries in general, dual eligibles most prefer obtaining detailed information in-person, through brochures, and on the telephone. However, a higher proportion of dual eligibles most prefers to receive information in-person compared with beneficiaries in general.

### Implications for HCFA

- The dually-eligible population has many characteristics that overlap with several of the other "hard-to-reach" groups of beneficiaries of special concern to HCFA. HCFA's communication strategies for dual eligibles should

encompass recommendations for effective approaches for low literate beneficiaries, for rural populations, for African American and Hispanic beneficiaries, and for those with hearing, vision, and other health care needs that are greater than the general Medicare population.

- Because a much greater proportion of the dually-eligible population lives alone compared with the general Medicare population, uses of some communication sources (e.g., family members and schools) and some communication methods (e.g., newer technologies such as VCRs and the Internet) that may be beneficial for disseminating information to other beneficiaries, may be less useful for this beneficiary group in the aggregate.
- HCFA should respond to the dually-eligible population's strong preference for interpersonal channels of communication by making these methods more available to them. These interpersonal channels give beneficiaries the opportunity to ask questions of the "person on the other end," whether through an in-person meeting or a telephone conversation. In written communications, dual eligibles prefer a brochure format, which could most effectively be used as a reference for an in-person meeting and should be written in a format that resembles face-to-face interactions.
- The sources that dual eligibles have used in the past suggest that they want information through offices and agencies where they can have interpersonal contact, such as Social Security offices, local Medicare offices, and health care providers' offices, and not just from less personal venues (TV, magazines, etc). HCFA will be more likely to reach the dually-eligible population by using these types of communication channels.

## Organization of Report

This report is organized into four additional chapters:

- A profile of dually-eligible Medicare beneficiaries, with their characteristics compared with those of the general elderly Medicare population;
- A summary of dually-eligible beneficiaries' information needs;
- A discussion of information sources preferred by dually-eligible beneficiaries; and
- A summary of communication modes most preferred by dual eligibles.

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<sup>1</sup>The MCBS data used in this report apply only to Medicare beneficiaries age 65 years old or older who were not living in a short-term or long-term care facility during the first two rounds of data collection in 1997.

<sup>2</sup>See the Appendix to Cahill, et al., Increasing Medicare Beneficiary Knowledge Through Improved Communications: Summary Report on the General Medicare Population, Final Draft, October 1988, Health Care Financing Administration.